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**FAX TRANSMISSION****DATE:** April 13, 2005**PTO IDENTIFIER:** Application Number 10/602,234  
Patent Number**Inventor:** Makoto Sawada**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP  
John B. Alexander, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 48781-DIV (71526)**PAGES (Including Cover Sheet):** 6**CONTENTS:** Amendment Transmittal (1 page)  
Response to Restriction Requirement (3 pages)  
Certificate of Transmission (1 page)

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Application No. (if known): 10/602,234

Attorney Docket No.: 48781-DIV (71526)

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Amendment Transmittal (1 page)

Response to Restriction Requirement (3 pages)

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 48781-DIV (71526)	
Application No. 10/602,234	Filing Date June 23, 2003	Examiner D. C. Gamett	Art Unit 1647	
Applicant(s): Makoto Sawada				
Invention: ESTABLISHED CELL LINE OF MICROGLIA				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>0.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 100px;"><input type="checkbox"/> Small Entity</span> <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
John B. Alexander, Ph.D. Attorney Reg. No.: 48,399  EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>April 13, 2005</u>
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Docket No. 48781 DIV (71526)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: M. Sawada

SERIAL NO.: 10/602,234

GROUP: 1647

FILED: June 23, 2003

EXAMINER: D. C. Gamett

FOR: ESTABLISHED CELL LINE OF MICROGLIA

**CERTIFICATE OF FACSIMILE**

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**RESPONSE TO RESTRICTION REQUIREMENT**

Applicants are in receipt of the Office Action dated March 31, 2005 and request reconsideration of the above-identified application in view of the following claim amendments, remarks and elections.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.